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CONFIRMATION NO. 9678

<b>SERIAL NUMBER</b> 10/020,864	<b>FILING OR 371(c) DATE</b> 10/22/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 2438/1H787-US1
<b>APPLICANTS</b> Mark Wurster, Parkville, MO; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/242,576 10/22/2000 O.K. DBC <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 01/22/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Dale R. Koberger</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 40	<b>TOTAL CLAIMS</b> 39
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 07278				
<b>TITLE</b> Method and system for administering anticoagulation therapy				
<b>FILING FEE RECEIVED</b> 606	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	